

BUILDING ANALYSIS SCHEDULE

1. BUILDING NO. _____ 2. BLOCK NO. _____
3. TRACT _____ 4. CITY _____
5. NAME OF BUILDING Administration
6. STREET ADDRESS OF BUILDING 2430 E ST. N.W.
7. PERSON IN CHARGE OF BUILDING (OWNER OR AGENT)
a. NAME [REDACTED] Rm 11
b. ADDRESS Adm. Bldg.
8. PERSON SUPPLYING INFORMATION FOR THIS FORM
a. NAME _____
b. ADDRESS _____
c. TITLE _____ d. PHONE NO. _____

STATINTL

9. PRINCIPAL USE:

- (1) ☒ OFFICE BUILDING (5) ☐ SCHOOL (9) ☐ THEATER
(2) ☐ HOTEL (6) ☐ FACTORY (10) ☐ OTHER _____
(3) ☐ APARTMENT BUILDING (7) ☐ HOSPITAL _____
(4) ☐ STORE (8) ☐ CHURCH _____

10. THIS BUILDING WAS BUILT IN _____ 11. IT CONTAINS 2 STORIES 12. AND IS _____ FT. HIGH
(year) (about)
13. HOURS OF OPERATION AND OCCUPANCY

| HOURS BUILDING IS OPEN | | HOURS OF NORMAL PEAK OCCUPANCY | | NUMBER OF PERSONS AT NORMAL PEAK OCCUPANCY |
|--|------------------------------------|--------------------------------|------------------------------------|--|
| Mon.-Fri. <u>8:30</u> AM TO <u>5:00</u> PM | <input type="checkbox"/> ALL HOURS | _____ AM TO _____ PM | <input type="checkbox"/> ALL HOURS | <u>[REDACTED]</u> |
| Saturday _____ AM TO _____ PM | <input type="checkbox"/> ALL HOURS | _____ AM TO _____ PM | <input type="checkbox"/> ALL HOURS | |
| Sunday-Holidays _____ AM TO _____ PM | <input type="checkbox"/> ALL HOURS | _____ AM TO _____ PM | <input type="checkbox"/> ALL HOURS | |

STATINTL

14. ANY STORAGE OF LARGE AMOUNTS OF EXPLOSIVE OR INFLAMMABLE MATERIAL IN THIS OR ANY ADJACENT BLOCK?
☒ NO
☐ YES - SPECIFY _____
15. WALLS, FLOORS AND ROOF
1. EXTERIOR WALLS _____
2. INTERIOR WALLS _____
3. PARTITIONS _____
4. FLOORS _____
5. ROOF _____
THICKNESS (in.) _____
PRINCIPAL MATERIAL
stone
masonry
"
Reinf. concrete
SLATE

16. THIS BUILDING IS OF THE FOLLOWING TYPE OF CONSTRUCTION:

- GROUP A
(1) ☐ STEEL FRAMED
(2) ☒ REINFORCED CONCRETE FRAMED
GROUP B
(3) ☐ SEMI-FRAMED (STEEL OR REINFORCED CONCRETE)
(4) ☐ MASONRY WALL BEARING
(5) ☐ WOOD FRAME (MASONRY OR WOOD OR OTHER COVERING)
(6) ☐ OTHER _____

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 BASEMENT (IF ANY) AND FOR ALL STORIES EXCEPT THE TOP THREE. COMPLETE ALL ITEMS FOR
 EACH SELECTED POTENTIAL SHELTER AREA. COMPLETE ITEMS 35, 36 AND 37 FOR TOP THREE
 STORIES AS WELL.

ITEMS WITH AN ASTERISK (*) ARE TO BE ANSWERED "YES" OR "NO"

| 17. STORY NUMBER | SUB-BASEMENT | | BASEMENT | | 1st STORY | | 2nd STORY | | 3rd STORY | |
|--|--------------|---|----------|---|-----------|---|-----------|---|-----------|---|
| | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 18. POTENTIAL SHELTER AREAS | | | | | | | | | | |
| 19. NORMAL USE? (SEE CODE) | | | H | | | | | | | |
| 20. SQUARE FEET OF USABLE SPACE | | | | | | | | | | |
| 21. GLASS HAZARD IN WALLS AROUND SHELTER AREA?* | | | none | | | | | | | |
| 22. HUNG CEILING OVER SHELTER AREA?* | | | no | | | | | | | |
| 23. HEAVY CEILING FIXTURES OVER SHELTER AREA?* | | | none | | | | | | | |
| 24. HEAVY SAFES, FILES, MACHINES, ETC. ABOVE SHELTER AREA?* | | | none | | | | | | | |
| 25. STEAM PIPES OVER 3" IN DIAMETER OR BOILER IN AREA?* | | | none | | | | | | | |
| 26. WATER OR GAS PIPES OVER 3" IN DIAMETER IN AREA?* | | | none | | | | | | | |
| 27. DISTANCE IN FEET TO OUTER WALL ON-- | | | | | | | | | | |
| | NORTH | | 8' | | | | | | | |
| | EAST | | 22' | | | | | | | |
| | SOUTH | | 22' | | | | | | | |
| | WEST | | 12' | | | | | | | |
| 28. NUMBER OF PERMANENT WALLS INCLUDING OUTER WALL TOWARD-- | | | | | | | | | | |
| | NORTH | | 2 | | | | | | | |
| | EAST | | 2 | | | | | | | |
| | SOUTH | | 2 | | | | | | | |
| | WEST | | 2 | | | | | | | |
| 29. IS THE OUTER WALL ON THIS STORY BELOW GROUND OR AGAINST ANOTHER BUILDING ON THE--* | | | | | | | | | | |
| | NORTH | | yes | | | | | | | |
| | EAST | | " | | | | | | | |
| | SOUTH | | " | | | | | | | |
| | WEST | | " | | | | | | | |
| 30. PERCENTAGE OF WINDOW SPACE ON OUTER WALLS ON-- | | | | | | | | | | |
| | NORTH | | 5% | | | | | | | |
| | EAST | | " | | | | | | | |
| | SOUTH | | " | | | | | | | |
| | WEST | | " | | | | | | | |
| 31. ARE THERE EXITS ON TWO OR MORE SIDES OF BLDG?* | xxx | | yes | | | | xxx | | xxx | |
| 32. NUMBER OF STAIRWAYS AGAINST OUTER WALL | | | xxx | | xxx | | | | | |
| 33. NUMBER OF STAIRWAYS IN INTERIOR | | | xxx | | xxx | | | | | |
| 34. NUMBER OF FLOORS INCLUDING ROOF ABOVE THIS STORY | | | 3 | | | | | | | |
| 35. NUMBER OF WORKERS OR RESIDENTS ON THIS STORY | | | | | | | | | | |
| 36. NUMBER OF TRANSIENTS ON THIS STORY | | | | | | | | | | |
| 37. TOTAL (Item 35 Plus Item 36) | | | | | | | | | | |
| 38. OFFICE USE ONLY | | | | | | | | | | |
| 39. OFFICE USE ONLY | | | | | | | | | | |
| 40. OFFICE USE ONLY | | | | | | | | | | |

25X1A

STATINTL

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IF THERE IS NO SUB-BASEMENT OR NO BASEMENT IN THE BUILDING, ENTER "NONE" ACROSS OF COLUMN.

[illegible]

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EVALUATION BY _____

DATE _____

GPO 83-19848

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